



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$881930209
Outpatient Patient Service Revenue	\$610914261
Total Gross Patient Service Revenue	\$1492844470

2. Deductions From Revenue

Contractual Allowance	\$1020493023
Other Deductions	\$5948813
Total Deductions	\$1026441836

3. Total Operating Revenue

Net Patient Service Revenue	\$466402634
Other Operating Revenue	\$100573983
Total Operating Revenue	\$566976617

4. Operating Expenses

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Salaries and Wages	\$114989696	Employee Benefits	\$26554433
Depreciation and Amortization	\$17166577	Interest Expense	\$10607739
Bad Debt	\$21471275	Other Expenses	\$247501992
Total Operating Expenses	\$438291712		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$128684905	Total Assets	\$1433598605
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$39237414
Total Net Gains	\$128684905		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$562731006	\$463055423	\$99675583
Medicaid	\$335930533	\$262815678	\$73114855
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$594182931	\$300570735	\$293612196
Total	\$1492844470	\$1026441836	\$466402634

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5948813
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1411239	
HCI Payments	\$0		
Subtotal	\$0	\$1411239	\$-1411239
Medicaid Shortfalls	\$73114855	\$108621882	
Subtotal	\$73114855	\$110033121	\$-36918266
DSH Payments	\$0		

Subtotal	\$73114855	\$110033121	\$-36918266
Medicare Shortfalls	\$99675583	\$133367248	
Other Government Programs	\$0	\$0	
Total	\$172790438	\$243400369	\$-70609931

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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